

FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

9750025

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6			1			
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16			1			
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21			1			
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50						
TOTAL IND.			5			
TOTAL DEP.			12			
TOTAL CLAIMS			17			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS								